

Idaho Opportunity Scholarship Renewal Form

If you are graduating, *Congratulations!* Please complete and return this form.
(2010 – 2011)

Name: _____
(last) (first) (middle initial)

Permanent Address: _____
(number and street) (city) (state) (zip code)

Student ID #: _____ Social Security #: _____

Email: _____ Phone: _____

Idaho Opportunity Scholarship Program rules require recipients to annually file a statement of intent to continue as a full-time undergraduate student. Please complete this form and return it to the program manager no later than March 1st.

STATEMENT OF INTENT

☐ I intend to enroll Fall 2010 Institution: _____

☐ I do not intend to enroll in 2010 – 2011 due to one of the following:

☐ Graduation ☐ End of Eligibility

☐ Other (please explain) _____

SELECTION CRITERIA

Please include a current transcript of college grades up through and including last semester.
(**NOTE:** A transcript issued to the student, and so noted, or a web copy of your transcript is acceptable.)

Current Grade Point Average: _____
(shown on transcript)

Cumulative Grade Point Average: _____
(shown on transcript)

The Idaho Opportunity Scholarship can be awarded for up to eight (8) semesters.
How many semesters have you received the Idaho Opportunity Scholarship?

1 2 3 4 5 6 7 8

Recipient's Signature

Date

Send completed form to:
Dana Kelly, Manager, Student Affairs Program
P.O. Box 83720
Boise, Idaho 83720-0037

Dana.Kelly@osbe.idaho.gov
208-332-1574